

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26755**
Registrar's No. **6651**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
4316 Fairfax Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

8. (c) PRINT FULL NAME **Suckey White 3rd**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **Dock White** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **11 11 1863**
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Fort Smith Ark**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Him Forman**

13. Birthplace **unknown W. Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Arnie unknown**

15. Birthplace **unknown W. Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Morgan**
(b) Address **4316 Fairfax Ave**

17. (a) **BURIAL** (b) Date thereof **8-6-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Mary Wade**
(b) Address **4202 Tanager Ave**

19. (a) **AUG 5 1940** (b) _____
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County _____
(c) City or town **St. Louis 11**
(If outside city or town limits, write "RURAL")
(d) Street No. **4316 Fairfax Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **31** year **1940** hour **7:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 17** 1940, to **July 31** 1940
that I last saw him alive on **July 31** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis chronic**

Due to _____
Due to **93C**

Other conditions **Sensibility**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **A. Haskell** (M. D. or other) _____
Address **4270 St. Ginnery** Date signed **8/1/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.